



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR ACH/EFT APPLICATION

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE) INSTRUCTIONS ON REVERSE SIDE

DESCRIPTION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL		
TAXPAYER ID TYPE (CHECK ONE) <input type="checkbox"/> 1 = FED BUS ID <input type="checkbox"/> 2 = SSN	TAXPAYER ID NUMBER	VENDOR NUMBER (11 DIGITS)
VENDOR NAME (30 CHARACTERS MAXIMUM)		LEGAL NAME OF ENTITY OR INDIVIDUAL (30 CHARACTERS MAXIMUM)
ADDRESS		TELEPHONE NUMBER WITH AREA CODE
CITY	STATE	ZIP CODE

SECTION B: TO BE COMPLETED BY STATE EMPLOYEE ONLY (OTHER VENDOR SKIP THIS SECTION)

HOME ADDRESS	HOME PHONE NUMBER
CITY	STATE
	ZIP CODE

SECTION C: TO BE COMPLETED BY SUBMITTING VENDOR (INCLUDING STATE EMPLOYEE)

FINANCIAL INSTITUTION NAME	IF CHANGE PLEASE INDICATE PREVIOUS FINANCIAL INSTITUTION NAME
FINANCIAL INSTITUTION ADDRESS	FINANCIAL INSTITUTION TELEPHONE NUMBER
CITY	STATE
	ZIP CODE
DEPOSITOR ROUTING NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ROUTING NUMBER
DEPOSITOR ACCOUNT NUMBER	IF CHANGE PLEASE INDICATE PREVIOUS ACCOUNT NUMBER
DEPOSITOR ACCOUNT TYPE (CHECK ONE) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	

SECTION D: FINANCIAL INSTITUTION CERTIFICATION

I certify that the above Depositor Routing Number and Depositor Account Number to be true and accurate for the Vendor.

FINANCIAL INSTITUTION NAME	AUTHORIZED SIGNATURE	DATE
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SECTION E: VENDOR AUTHORIZATION

☐ I (we) hereby authorize the State of Missouri, to initiate credit entries to my (our) account indicated above at the depository financial institution named above, and to credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of Administration has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

☐ I (we) hereby cancel my/our ACH/EFT authorization.

AUTHORIZED VENDOR REPRESENTATIVE OR STATE EMPLOYEE SIGNATURE	DATE
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SECTION F: STATE AGENCY USE ONLY

I have reviewed the Vendor information for completeness and accuracy

AUTHORIZED AGENCY SIGNATURE	DATE	TELEPHONE NUMBER
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SECTION G: OFFICE OF ADMINISTRATION USE ONLY

I have reviewed and entered the above information

SIGNATURE	DATE	VERIFICATION SIGNATURE	DATE
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VENDOR ACH/EFT APPLICATION INSTRUCTIONS

Fill in the appropriate boxes as described below

SECTION A: TO BE COMPLETED BY SUBMITTING VENDOR

DESCRIPTION

Check the appropriate box for this submission

TAXPAYER ID TYPE

Check 1 if your taxpayer ID is a Federal Employers Identification number (FEIN) or 2 if your taxpayer ID is a Social Security Number (SSN)

TAXPAYER ID NUMBER

Enter the FEIN or SSN associated with the legal name of the entity or individual

VENDOR NUMBER

If known, enter the vendor number assigned to your business by the City of Tucson

VENDOR NAME

Enter the name of the entity or individual:

Individual - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter name of Business

Corporation - Enter your Doing Business As (DBA) name

Other - Enter your entity's name

LEGAL ENTITY NAME

Enter Legal Name of Entity or Individual as filed with IRS:

Individual - Enter your name (Last Name, First Name and Middle Initial)

Sole Proprietor - Enter owner's name (Last Name, First Name and Middle Initial)

Corporation - Enter your name as it appears on the charter or other legal documentation as filed with the IRS

Other - Enter your entity's name as filed with the IRS

ADDRESS

Enter your mailing address

TELEPHONE NUMBER

Enter your telephone number with area code

CITY, STATE, ZIP CODE

Enter your city, state and zip code for the street address

SECTION B: TO BE COMPLETED BY SUBMITTING VENDOR

FINANCIAL INSTITUTION NAME, ADDRESS, CITY, STATE, ZIP CODE, PHONE NUMBER

Enter information provided by your bank

NOTE: If this is a request for a "CHANGE" please provide your previous financial institution name in the space provided

DEPOSITOR ROUTING NUMBER

Enter your financial institution's routing number

NOTE: If this is a request for a "CHANGE" please provide your previous routing number in the space provided

DEPOSITOR ACCOUNT NUMBER

Enter your account number

NOTE: If this is a request for a "CHANGE" please provide your previous account number in the space provided

DEPOSITOR ACCOUNT TYPE

Please select type of account (savings or checking)

SECTION C: VENDOR AUTHORIZATION

VENDOR AUTHORIZATION

Must be signed by the vendor or an authorized representative before application can be processed.

SECTION D: MAILING INSTRUCTIONS

Vendor Payment information may be viewed by going to www.tucsonaz.gov/vendorpay. You must have your City of Tucson vendor number to access payment information.

SECTION E: MAILING INSTRUCTIONS

Two ways to return completed form:

Mail to: Community Services, Section 8 Division, PO Box 27210, Tucson, AZ 85726-7210

Fax to: (520) 791-2506, ATTN: Section 8 Division

The EFT process may take 6-8 weeks before deposits begin.

GENERAL INSTRUCTIONS

If all the necessary sections on this form are not completed, the application will not be processed.

ACH transactions will be effective approximately one month after the application is approved.

Changing Financial Institution or Depositor Account (within the same Financial Institution)

All deposits will continue to be deposited into your present account, unless notification of the change by submission of a new Application with the "CHANGE" box checked at the top of the form is received. Current banking information must be included.